

CRITICAL CARE FOR SURGICAL PATIENTS. Edited by John M Beal. (Pp viii + 606, Figs 203. £32.00). London: Baillière Tindall, 1982.

THIS book has been written by 58 authors, all from the North Western University Hospital in Chicago and is an expansion of Beal's previous writings on recovery room care. It is a curious mixture of excellent chapters with indifferent chapters.

In the first section respiratory failure and management is described in a most lucid and readable style. This is followed by a section on circulatory crises in which monitoring is clearly explained and such mysteries as the Swan Ganz catheter are unveiled. Fluid balance is well handled but this is followed by a very weak chapter on the acute abdomen. It is difficult to see why Mittelschmerz, herpes zoster or spider bites are included in this book.

There are apparently irrelevant chapters on gynaecology and endocrine surgery; a one page account of Conn's syndrome seems completely out of place. Does spontaneous subconjunctival haemorrhage really require critical care? There is considerable repetition. Tracheostomy is described in detail in each of two consecutive chapters.

Notwithstanding these criticisms this is a valuable book and will be particularly useful in intensive care departments. It should also be useful to all surgical and anaesthetic trainees.

At £32.00 it is good value as the printing and production is excellent. If a second edition was pruned drastically it would not only be cheaper but would also make better reading.

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PSYCHIATRY IN CRISIS. Edited by Richard CW Hall. (Pp 148. £11.75). Lancaster: MRT Press, 1982.

AIDED by excellent recruitment into the specialty and generous federal funding, U.S. psychiatry expanded rapidly after the Second World War, the peak of this development being in the 1960's. The boom period is now over and North American psychiatry is in trouble.

The inadequate and declining standards of the state mental hospital are now a cause for concern. This has been aggravated over the years by a flood of the most highly trained and skilled psychiatrists into the private sector to meet the demand for expensive and time consuming psychotherapy. This was created by the affluent "worried well" who looked for help with life's problems. In contrast, the bulk of the mentally sick languish in the chronically understaffed state mental hospitals, where conditions are poor. The departure of analytically trained psychiatrists into private practice and away from the medical model has left the way open for other non-medical health workers, e.g. psychologists, social workers, etc. to gain positions of power and influence in the state hospital system. The policy of discharging the chronic mentally ill to non-existing or inappropriate community facilities has caused much personal suffering and aroused public concern. The community mental health centre system is failing because of lack of psychiatric leadership and declining funds. Recruitment into psychiatry is falling. The influence of the popular anti-psychiatry movement is strong and legislation banning E.C.T., the treatment of choice in severe depressive illness, has been passed in at least one state. Even the private domain of psychoanalysis is threatened by the popularity of the fringe therapies of the "human potential" movement, e.g. encounter, transcendental meditation, gestalt, etc.

"Psychiatry in Crisis," the book under review, contains a series of essays discussing critically these issues. There is general agreement about their nature and cause, namely the drift of psychiatry out of main stream medicine. Despite the gloomy tone of most of the essays, all are optimistic that the specialty will weather the present storm and emerge slimmer and more resilient. An essential prescription for recovery is seen as a return to a more medical model. As Kety, a distinguished research worker in biological psychiatry, remarks; "the psychiatrist is best equipped to carry out responsibilities towards the mentally ill on the basis of a broad background in medicine, clinical psychology and the scientific method." However, the need for widening of the medical model is recognised.

Despite the development of the most advanced medical treatment technology in the world, American medicine has still not had a significant impact on the health of the nation. Health is a highly individual matter. It relates directly to the life style of the individual, his values and habits. Medicine is constantly losing the battle of influencing people into habits of life style and at least 50 per cent are not compliant in taking the treatment the doctor prescribes. In many instances, this failure to comply may have serious health consequences.